



BS99-191

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

WILLIAMS ET AL.

Serial No.: 09/531,571

Filed: March 20, 2000

For: SYSTEM AND METHOD FOR
NOTIFYING AN ELECTRONIC
BILLING VENDOR OF A
CUSTOMER STATUS

Art Unit: 3624

Examiner: J. PATEL

RECEIVED

JAN 12 2004

GROUP 3600**AMENDMENT AND RESPONSE TO OFFICE ACTION**Box: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request entry of the following amendment and remarks contained herein in response to the Office Action mailed on October 7, 2003. Applicants respectfully submit that the amendment and remarks contained herein place the instant application in condition for allowance. Please amend the above-identified application as follows.

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

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Amendments to the Claims: reflected in the listing of claims that begins on page 3 of this paper.

Remarks: begin on page 12 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **WILLIAMS et al.**

Docket No.

BS99-191

Serial No.

09/531,571

Filing Date

March 20, 2000

Examiner

J. Patel

Group Art Unit

3624Invention: **SYSTEM AND METHOD FOR NOTIFYING AN ELECTRONIC BILLING VENDOR OF A****CUSTOMER STATUS**TO THE COMMISSIONER FOR PATENTS:**RECEIVED****JAN 12 2004**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

GROUP 3600**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1390**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated: **January 7, 2004**

Joanne H. Kim, Reg. No. 51,193
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I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CUSTOMER NO. 28970

cc: